

My name is Robert Ziegler. I am an EMS Instructor and Paramedic in CT. For the last 6 years I have been an active legislatively appointed 'Statewide Organization #2' member of the Connecticut Emergency Medical Services Advisory Board (CEMSAB), with an attendance rate of 84% since 2012. Before my appointment I also regularly attended CEMSAB meetings as a non-member for several years. I now Chair the boards Public Information and Education (PIE) committee as well as an active member of board's Legislative sub-committee.

For the last 37 years I have honorably made EMS my career. I have served 2 Terms as VP of the Mid State Region EMS Council and then 3 Terms as President and have been an active member of other EMS Boards and Commissions over the years. I have made EMS my vocation and career. I also have 26 years of experience in the Fire Service with over 17 years as an Officer in various ranks and am vary versed in the inner workings of the Fire Service.

**I Strongly Urge you to Not Approve HB-5911 restructuring the CEMSAB.**

The Connecticut Emergency Medical Services Advisory Board (CEMSAB) was legislatively established per Connecticut General Statutes, Sec. 19a-178a. Its Mission is to: *'assist in coordinating the efforts of all persons and agencies in the state concerned with the emergency medical service system, and shall render advice on the development of the emergency medical service system where needed. The advisory board shall make recommendations on all regulations, medical guidelines and policies affecting emergency medical services before the department establishes such regulations, medical guidelines or policies. The advisory board shall make recommendations to the Governor and to the General Assembly concerning legislation which, in the advisory board's judgment, will improve the delivery of emergency medical services.'*

I'd like to address some of the misguided and misstated arguments to the proposed HB-5911 restructuring the CEMSAB.

Regarding the CT Fire Chiefs Associations reasons to restructure the Emergency Medical Services Advisory Board.

1. *The EMSAB is comprised of 41 members. Only twice during the year 2014 did the EMSAB have more 50% membership attendance. The EMSAB has consistently failed to comply with the provisions contained in their own bylaws related to sending letters to members who are absent from meetings and notifying their appointing authorities. DPH has no record that any letters have been sent out by the EMSAB.*

You might be very interested to know that the Fire Service themselves have three (3) Appointed Seats on CEMSAB. They are the only organization that has more than 1 appointed position on its members/constitutes behalf.

You might also be interested in knowing that after a review of the attendance records of the CEMSAB meetings from 2012 to 2014, the very same attendance records used by the CT Fire Chief's Association to formulate their position on HB 5911 revealed:

- The CT Fire Prevention and Control’s representative only attended 58% of the CEMSAB meeting’s;
- The CT Fire Fighters Assoc. attended 74% of the meetings; and,
- The CT Fire Chiefs Association themselves, the very association that is proposing this restructuring Bill, attended **only 10%** of the meetings.

Let me reiterate – the CT Fire Chief’s Association **only attended 10%** of the CEMSAB meetings from 2012 to 2014. So how can an organization that has had virtually no interest or desire to participate in the CEMSAB so boldly recommend its restructuring and note attendance as its No. 1 reason?

In fact, the Fire Services representation to CEMSAB meetings as a whole was collectively *Under 50%*. In fact **it was 47%** of the meetings.

*2. CGS Sec. 19a-178a (e) states that “The advisory board shall make an annual report to the commissioner.” The EMSAB has failed comply with this statute for at least the last 5 years.*

Where a physical annual report may have inadvertently not been presented, its works, its progress, its recommendations, its activities have all been regularly presented to the Director of OEMS, the DPH Branch Director and to the Commissioner of Public Health herself. Any inference that OEMS or that DPH may not be aware of or kept abreast of the activities, recommendations and/or accomplishments of CEMSAMB is completely inaccurate and non-factual.

*3. There is no evidence that the EMSAB has ever clearly articulated a vision for EMS in the State of Connecticut. This includes how it plans to ensure Connecticut meets the National Scope of Practice, or a process for improvement of the system. The NHTSA review of EMS in Connecticut provided guidance for the system, however if any of the recommendations have been addressed, it is not apparent to the end users of the system.*

The Advisory Board actively participated in and has since continued to actively work on all of the NHTSA recommendations. Each of the CEMSAB’s sub committees have been charged with addressing their specific topics and have been reporting back to CEMSAB. In fact, the Board and its committees have worked intensely on several special projects such as, but not limited to: Data collection, Regulations reviews and assurance, compliance with significant NHTSA findings and recommendations and Mobile Integrated Healthcare. Perhaps if/when any of the CT Fire Service(s) (3) representative attended CEMSAB meetings or read the CEMSAB minutes they would have brought this information back to their constituent groups and it would have been obvious to them of our progress.

*4. The Board does not appear to have an understanding of budgeting and/or the municipal budget process. They have recommended implementation of several changes to scope of practice or requirements for equipment at times of the year after budget are already set or spent. With much of the state having a municipal component to their EMS delivery system, this is problematic. At best, it shows a strong disconnect between the Board and the outside world.*

In one breath, in Item 3, the Fire Chief's accuse CEMSAB of not working efficiently or diligently enough in addressing the scope and practices of EMS, and in another they complain of the timing of CEMSAB's proposals and recommendations in meeting such standards. If (because they do not specify what their complaint is) it pertains to the Minimum Equipment List (which is a DPH function, not the Advisory Board), CT regulations require this to be done annually on or about January of each year. IN FACT, this list is published 12 months prior to implementation so any claims of mid-budget year recommendations are the result of blind accusations and a lack of understanding of the process.

Unfortunately, their rhetoric has been regurgitated by CCM and COST. Each and every EMS service in CT, as well as All members of the CEMSAB were offered opportunity to submit comments and recommendations concerning these items. And where many services did submit comments, at no time did anyone, including the Fire Service, raise a concern about not being able to afford and ill-timed changes. *At no time* did they take advantage of their (3) appointed positions on the Board to complain about in any fashion or propose at any time a time line change for these required equipment reviews because of budget related issues.

*5. The EMSAB has not made significant progress to unifying the State's EMS system under one (1) set of universal protocols.*

Quite honestly if the Fire Service attended meetings and reported back to their constituents they would have known that the State's EMS Medical Director, who sits on and attends most all meetings has reported on several occasions the fact that the State is actually working on moving to New England wide protocols in conjunction with CT wide protocols. In addition, these protocols are not easily accomplished tasks and are not in the pervue of CEMSAB to create or develop, rather we simply accept reports and recommendations from CESMAC on the progress.

*6. While they champion the importance of the regional councils, the EMSAB has yet to provide any data that quantifies their usefulness or purpose. Eliminating the 5 Regions would allow DPH to streamline protocols, initiatives and programs statewide.*

Completely and inaccurately stated. CEMSAB and the OEMS are strongly encouraging and recommending the maintenance of the 5 Regional Coordinators, who are currently since 2009 working directly out of the OEMS. In fact we have been strongly pushing for them to become Permanent employees of DPH versus Grant funded durational employees. Their importance is significant and greatly enhances the services of EMS. This has nothing to do with the regional councils and again shows the lack of understanding and involvement in the EMS system by the Fire Service. Together the Regional Coordinators, through OEMS and their involvements with CEMSAB are currently responsible to communicate and coordinate EMS related services with over 24K EMS providers in CT, as well as CEO's of 169 towns and 401 Chiefs of Services of the Licensed or Certified Ambulance and First Responder Services in CT. No small task for such a small group.

*7. The EMSAB is positioned to champion EMS at the legislative level; yet, the EMSAB has proposed very few bills to improve EMS in Connecticut and does not consistently submit testimony advocating for or against bills that will affect EMS in Connecticut.*

Again, erroneously and embarrassingly misstated by the Fire Service. The Legislative Sub-Committee of CEMSAB is very actively involved in all Legislative aspects each year and has in fact proposed several Bills each year, reviews and recommends to accept or oppose certain Bills to the CEMSAB at its monthly meetings (I guess they'd have to attend or read the minutes to know these things) and has presented written and verbal testimony each year at the Capitol for said Bills.

*The CT Fire Chiefs Association has proposed the following changes in member numbers and structure,*

The Commissioner of the Department of Public Health or their designee  
The State Emergency Medical Services Medical Director  
One member from the CEMSMAC  
One member from the Connecticut College of Emergency Physicians (CCEP)  
One member from the Connecticut Police Chiefs Association  
One member from the Connecticut Fire Chiefs Association  
One member from the Connecticut Hospital Association  
One member representing the Council of Regional Chairpersons (CORC)  
One member from the Connecticut Society of EMS-Instructors  
One member from the Association of Connecticut Ambulance Providers (ACAP)  
One member from the Connecticut EMS Chiefs Association

It is interesting to see how the very organization that has had only a 10% attendance record over 3 years would want to be the only seated position representing the Fire Service on this new EMS board. It is also interesting to note how they wish to maintain the position of the Police Chiefs Association, who has had Zero ("0") interest in CEMSAB and has had Zero ("0") attendance over the years.

You have also received testimony from the CT Council of Municipalities (CCM). It is interesting to read how an organization who represents 156 towns (covering 95% of CT's population) and who has 25 board members and 28 hired paid staff to handle its daily activities can say that the CEMSAB needs to reduce the size of Volunteer membership. CCM says it is an inclusionary organization that celebrates the commonalities between, and champions the interests of, urban, suburban and rural communities. Well the CEMSAB is exactly the same makeup, an inclusionary board of membership from all aspects and stakeholders of the EMS system in CT.

Then there is the Council of Small Towns (COST), who also boasts 139 members as well as hired paid staff to handle its daily activities.

COST champions the interests of its member towns at the state Capitol and provides resources to help municipal leaders of the state's small suburban and rural communities meet the challenges they face. This too is exactly what CEMSAB does with virtually the same amount of active Volunteer members.

You also have received testimony from Chief Marc Scrivener, Chairman of the CT Fire Chiefs Association and is Fire Chief of the Willimantic Fire Dept. I find it disheartening that his rationale and beliefs for needing to change the makeup of the CEMSAB is because one of his members had a most unfortunate communicable disease exposure and apparently has had some sort of an issue with this exposure. To somehow assert however that this exposure issue is a direct result of the composition and function of CT EMS Advisory Board is completely absurd. These type of daily circumstances and hazards of our job are in no way a function of CEMSAB. However, that said, it is also very important to note, that neither Chief Scrivener, of the CFCA, or any of the other 2 Fire Service represented positions has ever brought this direct or peripherally related circumstance to CEMSAB for its opinions, suggestions, assistance or recommendations. And yet, we are apparently being made the scape goat for this.

It is clear that this is yet another opportunity that the Fire Service is working to try and exercise its Command and Control experience in another effort to try and control the EMS system, which they often would prefer not being involved in, but so desperately need to maintain their budgetary functionality and staffing sizes, and frustratingly otherwise have no other direct control of its functions.

I would Strongly recommend instead they become active participants in, instead of trying to control, the current CT EMS Advisory Board and work collectively to better the system of EMS that they are also active providers of on behalf of the residents of CT.

Please **Do Not Approve HB-5911, restructuring the CEMSAB.**